## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/520330

|   |   |   |   |                                   |  |                                |   |                     | 200                    |                            |                     | •                      |
|---|---|---|---|-----------------------------------|--|--------------------------------|---|---------------------|------------------------|----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I  |   |   |   |                                   |  |                                |   | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|   | NATIONAL  | STAGE FEES                                | (Colum  | n 1)                              |  | (Column 2)                     | ٦ | <del></del>         | <u> </u>               | 7<br>7                     | SHALL               | EMILLA                 |
| ┢   |   | STAGE FEES                                |   |                                   |  | ·                              |   | RATE                | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE   |   |   | SMALL ENT   |                                   | LARC   | GE ENT. = \$ 300               |   | BASIC FEE           |                        | OR                         | BASIC FEE           | 300                    |
| EXAMINATION FEE   |   |   | Satisfies PCT A<br>(4) = \$ 50<br>U.S. is ISA = 1 | /\$ 100                           |  | ther situations = 100 / \$ 200 | ] | EXAM. FEE           |                        |                            | EXAM FEE            | 200                    |
| SEARCH FEE  |   |   | ALL other co                                      | untries =                         | All other situations = \$ 250 / \$ 500       |                                |   | SEARCH FEE          |                        |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |   |   | min   | นร 100 =                          |  | /50 =                          | _ | X \$ 125 =          |                        |                            | X \$ 250 =          |                        |
| TO1   | AL CHARGEA  | BLE CLAIMS                                | 8 mi  | nus 20 =                          | •  |                                |   | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| <u> </u>  | EPENDENT CL   |   | <u> </u>  | ninus 3 =                         |  |                                |   | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| MU  | TIPLE DEPEN   | DENT CLAIM PRI                            | ESENT   |                                   |  |                                |   | +\$ 180 =           |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |   |                                   |  |                                |   | TOTAL               |                        | OR                         | TOTAL               |                        |
| (1)   | CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3) |   |   |                                   |  |                                |   | SMALL E             | NTITY                  | OR                         | OTHER<br>SMALL E    |                        |
| AMENDMENT A   | . ,   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER  | PRESENT<br>EXTRA               |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | .8  | Minus   | 12                                | 2  | = 1                            |   | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|   | Independent Minus   |   |   |                                   | <u>5</u>                                     | - 4                            | ] | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL                     |   |   |                                   | MIAJ   |                                |   | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|   |   |   |   |                                   |  |                                |   | TOTAL ADDIT.<br>FEE |                        | OR                         | FEE                 |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |   |                                   |  |                                |   |                     |                        |                            |                     |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>OUSLY                          | PRESENT<br>EXTRA               |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •   | Minus   | -3.                               | )  | Ξ.                             |   | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| AME   | Independent   | •   | Minus   | ··· (-                            | <u>3                                    </u> | =                              |   | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT                        |   |   |                                   | :LAIM  |                                |   | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|   |   |   |   |                                   |  |                                |   | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|   |   |   |   |                                   |  |                                |   |                     |                        |                            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |   |                                   |  |                                |   |                     |                        |                            |                     |                        |